



**2017-2018 Curvy Elite Registration**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Shorts Size: \_\_\_\_\_

List all previous dance experience:

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What are your greatest strengths and skills as a dancer and would you contribute to the team?

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Why are you interested in becoming a Curvy Elite?

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What other clubs, sports, or extracurricular activities do you participate in?

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**Work Schedule (please be specific):**

Sunday: \_\_\_\_\_  
Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_  
Note: \_\_\_\_\_  
\_\_\_\_\_

Please list any personal web pages you have (include screen name if applicable):

Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Instagram: \_\_\_\_\_  
Linked In: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications: \_\_\_\_\_  
\_\_\_\_\_

Please list any injuries or physical limitations: \_\_\_\_\_  
\_\_\_\_\_

**Liability Waiver**

By signing this agreement, I \_\_\_\_\_ confirm that I am medically and physically okay to participate in all tryout activities such as, but not limited to, jumping, leaping, stretching, cardio, and endurance training. Any allergies or limitations are fully disclosed above. I release all liability of injury during the tryout process and take responsibility of my own health and wellness for such activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_